

Name

in
Full

Milton Block

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

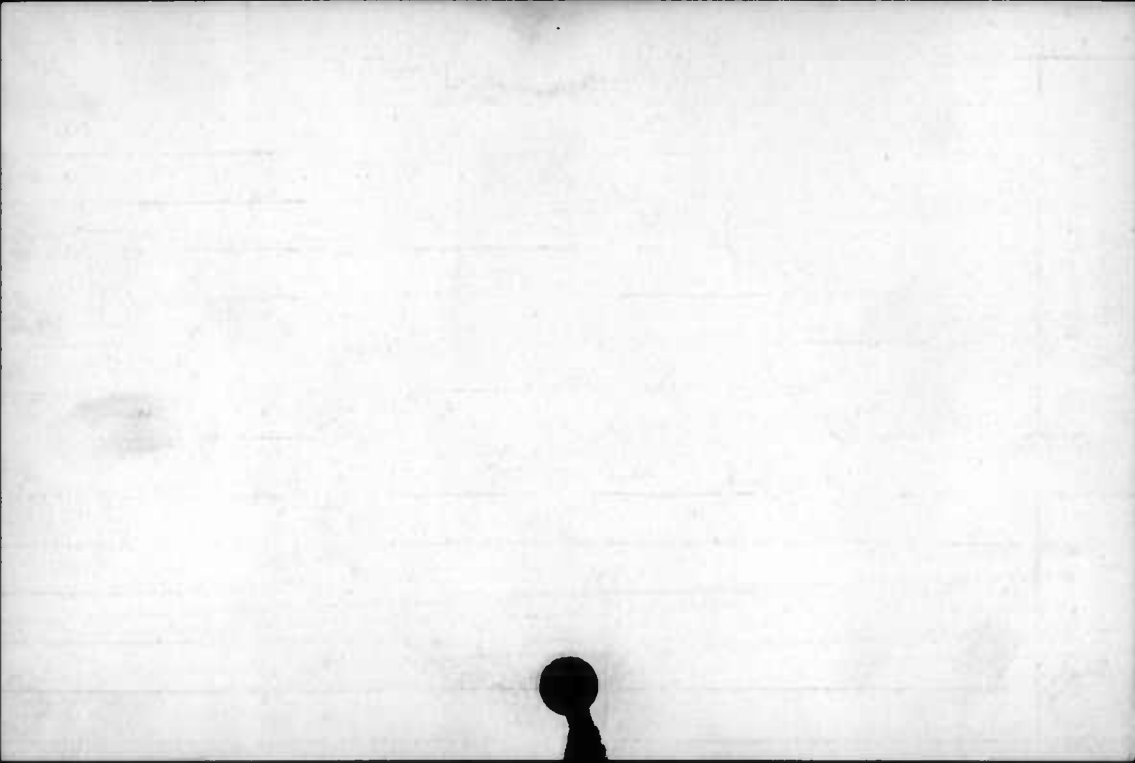
Died at <i>Creech</i>		Town <i>Milton</i>		County <i>Garret</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>oct</i>	Day	<i>5</i>	Age	<i>1</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>mdo</i>		Months <i>6</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>S</i>		Name of Wife or Husband					
Father's Name <i>George Block</i>		Father's Birthplace <i>Wisconsin</i>					
Mother's Maiden Name <i>Lettie Butler</i>		Mother's Birthplace <i>mdo</i>					
Name of person giving information <i>Geo Block</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Microcephalus</i>	How long	<i>From birth</i>
Immediate	<i>Aschemia</i>	How long	<i>First weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Legge</i>	
		Address <i>Oakland</i>	
Accident or Suicide? <i>N.</i>		<i>MD</i>	



Name
in
Full

James Russell Browning

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Kitzmillerville^{County} GarrettDate of death 1908 ^{Month} October^{Day} 8Age ^{Years} 25^{Months} 11^{Days} 21

Sex Male

Color or Race

White

Birth-place

Valley Point
Preston Co. W. Va.

Occupation

Mechanic

Where Residing if not
at place of death

Home

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Messack Allan Browning

Father's
Birthplace

Preston Co W. Va.

Mother's
Maiden Name

Mary A Holly

Mother's
Birthplace

Hampshire Co

Name of person giving
In formation

E. J. Harvill

How related
to deceased

Brother-in-law

CAUSES OF DEATH

164

Primary

Killed instantly

How long

Immediate

Crushed skull

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. P. Copeland

Address

Blaine
W. Va.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Back part of skull crushed in being thrown against
a timber while in a runaway coal bucket.

Name in Full		Helen Marie Campbell					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Kenodah		County Garrett		MARYLAND		
	Date of death		1908	Month Oct	Day 20	Age 1	Years 6	Months 8	
	Sex		Female		Color or Race		White		
	Occupation				Birth- place		Maryland		
					Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Walter E Campbell				Father's Birthplace		Pa
	Mother's Maiden Name		Broda Broughton				Mother's Birthplace		Pa
	Name of person giving In formation		Walter Campbell				How related to deceased		Father
	CAUSES OF DEATH								
	Primary		Brain Fever				How long		1 wk.
Immediate		11				How long		1	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. Mason MD			
				Address		Friendville			
Accident or Suicide?						md			

Blooming Rose candy

Name
in
Full

Bra Codrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> <i>Frederickville</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>22</i>
Age		<i>2</i>	Years	Months	<i>8</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Walter Codrington</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Kettie A. Trammel</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Walter Codrington</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	<i>Toncilitis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. J. Mason</i>
		Address	<i>Frederickville MD</i>
Accident or Suicide?			

Adrian Country

Name
in
Full

Silas Paul Thraze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Hayes</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>5</i>	Years <i>4</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>W</i>	Birth-place <i>Maryland</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm Thraze</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Oran B Cuppett</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Wm Thraze</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>4 days</i>
Immediate	<i>Croup</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. Mason M.D.</i>	
		Address <i>Friendville Md.</i>	
Accident or Suicide?			

George Manning and family

Name
in
Full

Clathus Fresco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

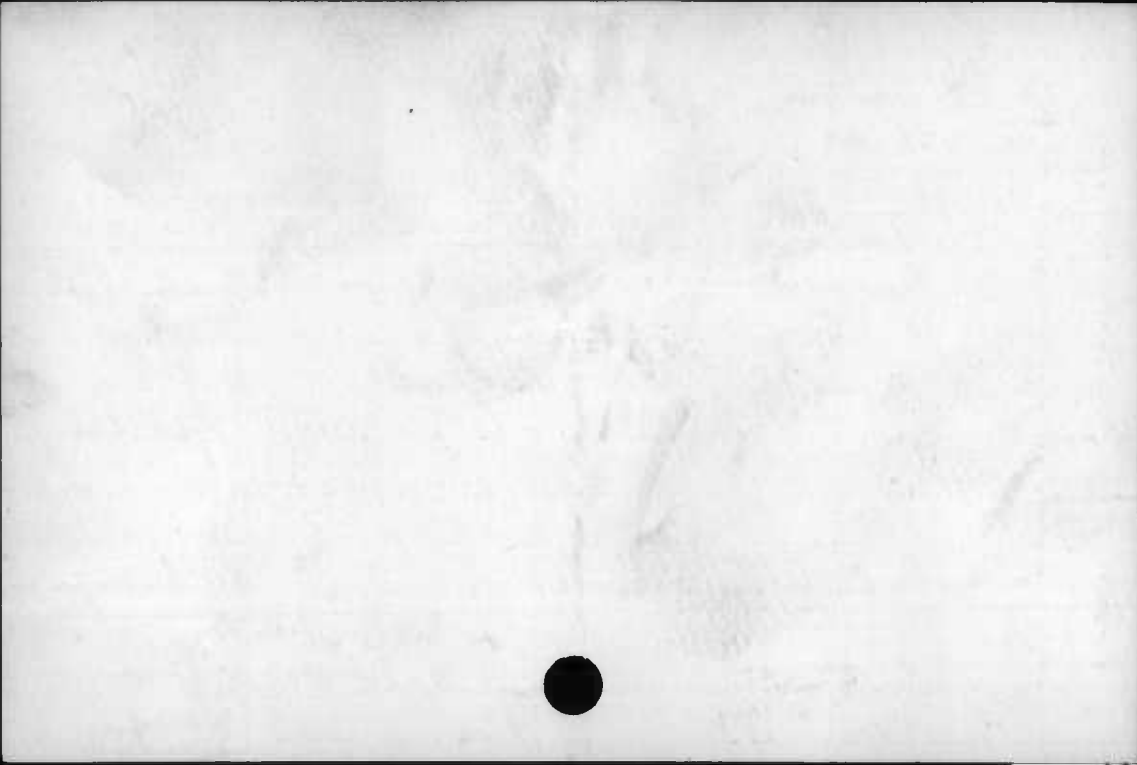
Died at <i>Baltimore</i> Town		<i>Harrett</i> County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Oct</i>	Day <i>19</i>	Age <i>3</i> Years	Months <i>6</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>David Fresco</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Lucinda Baltimore</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Tom Miller</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long	<i>4 months</i>
Immediate	<i>Complete Paralysis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Robinson</i>		
	Address <i>Granville</i>		
	<i>MD</i>		
Accident or Suicide?			



Name
in
Full

A. Frederick George

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Swanton</u> Town		<u>Garrett</u> County		MARYLAND				
Date of death	1908	Month	October	Day	25			
Age	Years		52		Months	10	Days	Unknown
Sex	Male		Color or Race	White		Birth-place	England	
Occupation	Farmer			Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Elizabeth (Brady) George				
Father's Name	William E. George					Father's Birthplace	England	
Mother's Maiden Name	Jane Elizabeth Gampson					Mother's Birthplace	England	
Name of person giving information	A. Charles George					How related to deceased	Brother	

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	<u>Gun-shot wound</u>	How long	
Immediate	<u>Pulmonary hemorrhage</u>	How long	<u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. E. Hurley</u>
		Address	<u>Deer Park</u>
Accident or Suicide?	<u>Suicide</u>		<u>Filed 1908</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles H. Liston*

Town *Friendsville* County *Garnette*

Died at *Friendsville*

Date of death *1908* Month *Oct-* Day *25-* Age *5-8* Years *11* Months *7* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Constable* Where Residing if not at place of death *Friendsville*

Married, Single or Widowed *Married* Name of Wife or Husband *Sola M. Liston*

Father's Name *John Liston* Father's Birthplace *Penna*

Mother's Maiden Name *Agnes Ryland* Mother's Birthplace *Penna*

Name of person giving information *R. R. Liston* How related to deceased *Brother*

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary *Shot through head* How long *11 hours*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. J. Mason M.D.*

Address *Friendsville*

M.D.

Accident or Suicide?

12

1908-10-25

1850-11-18

58-11-1

Name

in
Full

Baby Saucer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

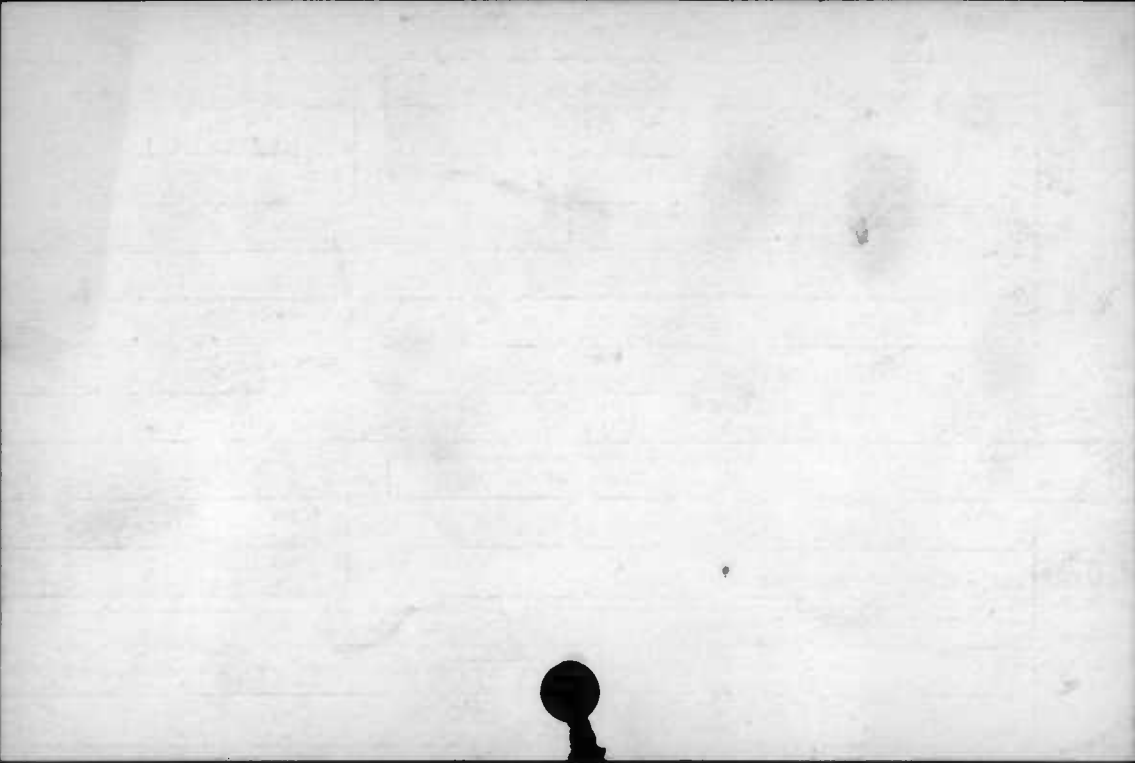
Died at Crellin		Town		Garrett		County		MARYLAND	
Date of death 190	8 Oct	Month	Day	Age	4	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Md				
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name					Father's Birthplace				
Raymond Saucer					W. Va.				
Mother's Maiden Name					Mother's Birthplace				
Gertrude Sanders					Penna.				
Name of person giving information					How related to deceased				
Frank Ashby					None				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate	Heart Failure	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. Legge	
		Address	
		Oakland, Md.	
Accident or Suicide?			



Name
in
Full

Asa Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near white Rock</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>82</i>	Months <i>9</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>W. Va</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Eliza Savage</i>				
Father's Name <i>Lemuel Savage</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Mary Caston</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>O. Savage</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral</i>	How long <i>64</i>	<i>How mo.</i>
Immediate <i>" 2nd stroke</i>	How long <i>"</i>	<i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. E. Hierskinson</i>	
	Address <i>Brandonville W. Va</i>	
Accident or Suicide? <i>Accident</i>	<i>(M7)</i>	

Fell some 5 ft high off porch badly bruising his face,
and did not regain consciousness fully afterward,
but lived some few days

Home - cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONEROriginal M. M.
CERTIFICATE OF DEATH

Name in Full John Taylor		Town Sunnyside		County Garrett		State MARYLAND	
Died at Sunnyside		Date of death 1908 Oct. 22		Age 82		Months 3 Days 28	
Sex Male		Color or Race White		Birth-place Ireland			
Occupation Gardner		Where Residing if not at place of death Sunnyside					
Married, Single or Widowed Widowed		Name of Wife or Husband Bridget A. Taylor					
Father's Name Christopher Taylor		Father's Birthplace Ireland					
Mother's Maiden Name Barrett		Mother's Birthplace Ireland					
Name of person giving information Nora M. Taylor		How related to deceased Daughter					

CAUSES OF DEATH

Primary

Cancer on side of face.

How long

18 months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John P. Knauer, D.R.
R. & S. No. 1. Oakland, Md.

Accident or Suicide?

